PRINCIPALS QUESIONNAIRE

CORK CHILDREN'S LIFESTYLE STUDY

School ID	
This survey is designed to measure the school health environment of primary school will help us to identify best practice, make policy recommendations and specify research. Information provided relating to your specific school will be kept confident know the answer, please mark 'don't know' rather than guess.	y future areas of
Demographic Information	
Please tick to indicate your sex:	
☐ Male	
☐ Female	
2. Please tick to indicate what type of school you work at (tick only one):	
☐ Mixed national school	
☐ Girls national school	
Boys national school	
Private primary school	
3. How many children are attending your school this year?	
Girls Boys	
4. How many members of staff do you have this year? Male teachers Female teachers Administrative staff Other non-teaching staff	
Health Curriculum	
5. Within the 'Social, Personal and Health Education (SPHE)' area of the nat curriculum, does your school include a strand on Food and Nutrition?	ional
Yes	
□ No	
☐ Don't know	

5a. On average, how many hours per term do the children spend in classes on Food and Nutrition in the SPHE strand of the national curriculum?
Infants hours per term
Primary students hours per term
The School Environment
6. Are you aware of the Health Services Executive (HSE) Health Promoting Schools Programme?
☐ Yes
□ No
☐ Don't know
6a. Is your school involved in the HSE Health Promoting Schools Programme?
☐ Yes
□ No
☐ Don't know
6b. If so, how long have you been involved in the HSE Health Promoting Schools Programme?
Yearsmonths
7. Does your school have a healthy school policy (also known as a wellness policy)?
☐ Yes
\square No
☐ Don't know
(if yes, please continue on to question7a; if no or don't know, please go to question 8)
7a. Please include a copy of your healthy school policy.
7b. Does it include a written healthy food policy with an available document?
☐ Yes
□ No
☐ Don't know

7c. Please indicate who was involved in the creation of your healthy school policy (\it{tick} $\it{all that apply}$):
☐ Pupils
☐ Teaching staff
☐ Non-teaching staff
Parents
Other community members (eg church, businesses, health practitioners)
☐ Don't know
8. Over the past school year, has your school led or participated in any health promotio activities?
☐ Yes
□ No
☐ Don't know
8a. Please indicate if your school has been involved in any health promotion activities listed below (tick all that apply):
Awareness-raising activities or campaigns around particular health issues
☐ Special lectures or assemblies with a health promotion theme
☐ Visitors brought in to talk about health-related issues
☐ Projects involving the HSE Health Promotion unit
☐ Sports days
☐ Nutrition campaigns
☐ Don't know
☐ Not applicable
9. Are there any particular members of staff who have spontaneously organized or proposed an initiative on student diet or exercise in the past year?
☐ Yes
□ No
☐ Don't know
10. Have any attempts been made to integrate issues of diet and exercise into the school environment?
Yes
□ No
☐ Don't know

11. Can pupils buy food on the school premises?
Yes
□ No
☐ Don't know
12. Does your school have Designated Disadvantaged Status?
Yes
□ No
☐ Don't know
12a. Does your school provide lunches through the Social and Family Affairs Schoo Meals Scheme?
Yes
□ No
☐ Don't know
13. Does your school serve breakfast?
Yes
□ No
☐ Don't know
14. Does your school serve lunch?
Yes
□ No
☐ Don't know
15. Is food prepared on-site?
Yes
□ No
☐ Don't know
16. Does your school have kitchen facilities?
Yes
□ No
☐ Don't know

17. Does your school provide options for healthy cl	noices in so	chool food?	
Yes			
□ No			
☐ Don't know			
□ DOIT KNOW			
18. Does your school have any of the following on			1=
Canteen or cafeteria	Yes	No	Don't know
Tuck shop or snack bar			
Vending machines			
Outside food vendors such as ice-cream vans or			
other snack facilities			
19. Please indicate if the following foods are availathat apply):	ble to stude	ents at your so	chool (tick all
Crisps			
Nuts			
Biscuits			
☐ Yogurt			
Chips			
Granola or cereal bars			
Chocolate			
Fruit (fresh, canned or dried)			
☐ Vegetables			
Sweets			
Cakes			
Milk			
Water			
Fizzy drinks			
☐ Fruit juices			
Other			
☐ Not applicable			

	w many times in the current school year has your school been involved in titive food sales: e.g., selling food as part of a fundraising effort
21. Ple	ase indicate which of the following statements is true (tick only one):
	Some of my staff uses food and/or beverages as incentives or rewards for students.
	None of my staff use food and/or beverages as incentives or rewards for students.
22. Ple	ase indicate which of the following statements is true (tick only one):
	My school allows students to consume food and beverages outside of allocated meal times.
	My school does not allow students to consume food and beverages outside of allocated meal times.
Physic	eal Activity
23. Do	es your school have any after school sports teams?
	Yes
	No
	Don't know
	Please indicate if your school has any of the following after school sports teams I that apply):
	Hurling
	Rugby
	Football/soccer
	Gaelic football
	Basketball
	Netball
	Hockey
	Tennis
	Badminton
	Cricket
	Gymnastics
	Other
	Not applicable

23b. How many students participate in these sports teams?
24. Does your school provide any other after school activities other than sports teams? ☐ Yes
□ No
☐ Don't know
24a. Please indicate if your school has any of the following after school activities (tick all that apply):
Dance
☐ Drama
☐ Music
☐ Art
☐ Games (like chess club)
Languages
Religion
Science
☐ Environment club
Other academic-related club
Other
☐ Not applicable
24b. How many students participate in these other after school activities?
25. Does your school provide students with outdoor break time?
☐ Yes
□ No
☐ Don't know
25a. How many hours per day? Hours minutes

26. Please indicate if your school has the following fathat apply):	acilities available to students (tick all
Gymnasium	
Playground	
☐ Bicycle racks	
☐ Sports fields	
☐ Swimming pool	
Basketball hoop	
☐ Badminton court	
☐ Tennis court	
☐ Dance studio	
Parental and Community Support 27. Does your school have a Parents' Association?	
☐ Yes	
□ No	
☐ Don't know	
27a. How active is the Parents' Association?	
☐ Not active at all;	
☐ Somewhat active;	
☐ Active;	
☐ Very active	
27b. How many parents are active in your Parents' A	Association?
28. Does your school run any of the following classes community (tick all that apply)?	s specifically for parents and/or the
Cooking	☐ Languages (including English)
☐ Art	Continuing education
☐ Music	☐ Vocational training
☐ Parent and child groups or activities	Other
Exercise/physical activity/sports	Not applicable
28a. How many parents and/or members of the completes and classes?	munity are involved in these

29. Have any parents in the past year brought up issues relating to students' diet?	
☐ Yes	
□ No	
Don't know	
29a. Have any parents requested in the past year that more fruits and vegetables b served at school?	е
☐ Yes	
□ No	
☐ Don't know	
30. Have any parents in the past year brought up issues relating to physical activity	?
☐ Yes	
□ No	
☐ Don't know	
30a. Have any parents requested in the past year that students participate in more physical activity at school (such as more physical education classes?)	
☐ Yes	
\square No	
☐ Don't know	